

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042136

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 101

FILED NOV 26 1962

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| 1. PLACE OF DEATH a. COUNTY <u>Dent</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem</u> | | c. CITY OR TOWN <u>Salem</u> | |
| Length of stay in lb <u>1 month</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hart Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>Rural Route 1</u> | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>AMERICA</u> Middle <u>AUGUSTA</u> Last <u>MCNEILL</u> | | | 4. DATE OF DEATH Month <u>November</u> Day <u>12</u> Year <u>1962</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4/21/92</u> | 9. AGE (last birthday) <u>70</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | | 11. BIRTHPLACE (City and state or country) <u>Dent County, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>John Click</u> | | 13b. MOTHER'S MAIDEN NAME <u>Susan Alley</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Malcolm (Decd.)</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT <u>Clifton McNeill</u> | | Address <u>Salem, Mo.</u> | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>1. Arteriosclerotic heart disease (410-516)</u> <u>2. Abdominal aneurysm, aortic.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ |
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|--|--|--|-----------------------|--------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Salem, Missouri</u> | COUNTY <u>Dent</u> | STATE <u>Missouri</u> |
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| 21. I attended the deceased from <u>11/6/62</u> to <u>11/12/62</u> and last saw her alive on <u>11/12/62</u> Death occurred at <u>4:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE <u>Martha M. Clark</u> (Name or title) | 22b. ADDRESS <u>Salem, Missouri</u> | 22c. DATE SIGNED <u>11/15/62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>11/15/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hermon Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Dent County Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Max L. Crawford</u> ADDRESS <u>Salem, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>11/14/62</u> | 26. REGISTRAR'S SIGNATURE <u>M. M. Clark, M.D. by A.M.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10331

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NOV 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L. Wanful

Licensed Embalmer No. 4170

P. O. Address Salina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.